

3rd OK CHW Forum – OKC, OK; June 2, 2023

AGENDA & NOTES

WELCOME & ICEBREAKER (9:00am – 9:15am)

Kerstin M. Reinschmidt (Ally), faculty at OUHSC, opened the 3rd OK CHW Forum. She explained that the event's name reflects a continuation of two prior CHW forum events that were led by Dr. Hildebrand at OSU Stillwater in 2020 and 2021. **Randa Real (CHW)** welcomed everyone. Randa is an RN/CHW with Rural Health Projects, Inc., and also is President of the newly developing *OK CHW Association*. She shared some announcements for this meeting. **La'Keira Watson (CHW & Ally)**, Community Health Manager at Mercy Hospital, has a background as CHW and is looking forward to helping build the *OK CHW Association* with Randa and Emily. La'Keira led the ice breaker – *Umbrella Campaign* – to highlight unity among CHWs despite diversity in titles. The photos of CHWs with the umbrella will be used for social media promotions of CHWs. **Emily Gnehm (CHW)** is a CHW for the Payne County Health Department in District 3 of the OSDH, and took on the role of Vice President for the *OK CHW Association*. Emily introduced the meeting agenda. **Lisa Bland-Selix (Ally)**, Project Manager for Rural Health Projects, Inc., provided acknowledgements relevant to this meeting.

PANEL DISCUSSION: CHW/CHR PROGRAMS IN OKLAHOMA (9:15am – 10:00am)

Randa announced the panel discussion and introduced **Dr. Marshan Marick (Ally)**, faculty at OSU, who served as panel discussant.

Marshan: Please tell us your name, your job title, what population(s) you serve, and the roles that you play at your organization. **Lisa Bland-Selix** (Program Manager, Rural Health Projects, Inc.) is leading a grant-funded program to reach underserved populations around Garfield County. **Taylor Holland** (CHW Program Manager, OSDH) is focused on delivering training and standard operating procedures to 43 CHWs across OK within 10 health districts. Their grant addresses COVID, with CHWs working in the communities. **Angel Martinez-Thornton** (Community Health Coordinator, Sac & Fox Nation Blackhawk Health Center) leads the tribal community health representative (CHR) program. CHRs go out into the community, reach out to elders, and serve tribal members and other Native Americans in the tribal jurisdiction across several counties. The CHR program is funded by the IHS, but Angel is looking into grant dollars. **John Bayless** (CHW, Rural Health Projects, Inc.) is working in 11 counties in northwest OK. He works closely with the community and considers himself a worker bee that connects people to social services, insurance, food, housing, and other needs. **Henry Danziger** (CHW, Mercy Hospital) explains that it is important to sell or promote yourself [as CHW/CHW program] so that people understand and value CHWs. He shares a breakdown of the percentages of what people served by Mercy need in different categories, including clinics, preferred providers and specialists, ER, food, access to transportation, behavioral health, and subsidized temporary shelter. CHWs link to these service needs. **Elizabeth Torrenueva** (CHW, OSDH) serves underserved and vulnerable populations. She helps connect community members to health and social services, and helps build individual and community health knowledge and self-sufficiency. **La'Keira D.W-Jallow** (Manager of Community Health, Mercy Hospital) oversees a team of CHWs who serve communities that are underserved, uninsured or underinsured. La'Keira oversees all programs that closely align with community health assessments to address social determinants of health (e.g. food insecurity, lack of transportation, or financial strain). Mercy in OKC serves all of OKC and some rural communities.

Marshan: What do you think makes a CHW or CHR different from other health professionals? **Elizabeth** thought that the major difference is that CHWs have connections to the community. This means, they have shared life experiences with the communities they serve. CHWs also know about local food pantries, shelters, and clothing services. **John** explained that medical people are in offices and clinics to help patients, but that CHWs are often in the community, with the homeless, with the people who need them. CHWs try to help people get insurance so that they can get to the clinic or hospital, which helps save money. To him, CHWs are the boots on the ground that help people find needed resources. **Lisa** added that CHWs are the lifeline to resources. While the medical system plays defense, CHWs are trying to address things offensively which makes CHWs a beacon for the underserved.

Marshan: What types of trainings does your organization require from their CHW or CHR employees? **Taylor** remarked that the 3rd OK CHW Forum agenda is like a cheat sheet since it lists CHW core roles and skills. The OSDH wants to make sure that trainings meet the C3 Project's CHW core skills needed for the CHW scope of practice. The OSDH provides quarterly, supplemental, in-person trainings to CHWs to ensure a continuous training process. **Angel** explained that the CHR program was first initiated by the federal government to meet the needs of tribal people, and that there is a training program for CHRs. CHRs have to go into people's homes, meet them where they are at. Taylor utilizes trainings at annual conferences and other free trainings. Every tribal program has different requirements. The Sac & Fox Nation has a hybrid program, i.e. they try to keep the essence of CHRs, but also group into what CHWs are for OK. In other tribal nations, CHRs and CHWs are working hand in hand. Angel hopes to develop this relationship.

Marshan: What barriers to employing CHWs have you encountered in your organization? **Lisa** shared that for their 2021 grant, the barrier was to find people willing to convince others to get vaccinated for COVID. Public opinion and the misinformation about the pandemic were barriers. According to the grant, CHWs should have had a certification similar to a CNA, but Lisa thought that these CHWs would need to have different skill sets. The CHWs to be hired needed to be able to walk into a crowd of people and not feel intimidated. They needed to be all things to all people. Once they hired CHWs, the barrier was to find training. They found

training support in Oklahoma and learned about the C3 skills. They also hired an RN as CHW who could put together additional trainings. The grant paid for the CHWs. **La'Keira** explained that pay was not an issue either because of Mercy's CHW budget. Their biggest challenge was integrating CHWs with needed baseline skills. A CHW stands out from other health care professionals because they not only have the ability to reach out and understand the community, but also speak the language of providers. A CHW needs to be able to talk to, and not be intimidated by, social workers, doctors and other professionals so that they can effectively advocate for patients. CHWs hired by Mercy do not have to have certification other than a high school certification, which may already be a barrier to hiring people from the community. Mercy educates CHWs on medical terminology and makes sure they feel comfortable being health educators. Thus, training and advocating for CHWs to understand core competencies in a timely manner that matches the workflow of the hospital is the biggest barrier. **Lisa** added that recently she was on a national call where the biggest barrier discussed was paying for CHWs. She thinks that we need to get lawmakers to understand the CHWs' benefit to communities, especially since rural areas do not have enough providers. We need to know how to keep paying for CHWs after grants ended.

Marshan: I am asking the CHWs on the panel, can you name ONE benefit of voluntary, state-wide CHW/CHR certification? What would that be? **John** thought that the benefit of certification is to get more people out into the community, and getting people to know what CHWs do. When people ask him what he does as CHW, he answers that he "helps people and saves lives." He has to explain what he does and how people in the community can benefit. CHWs help save people money by helping them prevent before calling 911. CHWs also help hospitals/clinics save money. By giving more information on what CHWs do, CHWs will be recognized, and certification legislation will be easier. **Henry** stressed that certification would show the benefits of CHWs in terms of monetary benefits, which is key to funding initiatives. Anything that helps the bills, helps the patients, helps the community.

If we didn't have required certification, what alternatives could we propose to overcome this barriers that you have encountered? **Lisa** stated that a lot of organization are leader centered, but that CHWs, as the boots on the ground and the front lines, should be the ones to make decisions. There should be a structured framework of a baseline training so that there is some kind of uniformity, and then each organization can adapt trainings. She expressed her hopes that the *OK CHW Coalition* will remain active, and also the new *OK CHW Association*. **Lisa** urged everyone to stay involved and continue the work. **Taylor** shared that the OSDH is working on alternatives through a recently awarded opportunity with the National Association of State Health Policy. Collaborating across OK, they are looking for alternates to develop the CHW infrastructure. **Taylor** would choose a career ladder for CHWs as one alternative. People want to be certified because of increased professional credibility and professional development opportunities. Building a career ladder within the CHW workforce, includes developing criteria for continuous development as professionals. **Angel** agreed that providing a career ladder is important. She stressed that by providing the baseline, we will know what to expect from CHRs/CHWs, and will avoid the question: "What is it that you do?" A lot of what CHRs do is navigate for patients and advocate for their overall wellness. CHRs go into the community, educate, and make people feel heard. While we can teach someone medical terminology, we have to find the person that has the compassion, the drive, the investment in their community to help people. When there is a career ladder, we will see how far CHWs want to go professionally. **La'Keira** shared that Mercy has a career ladder and also provides CHWs with education. Pointing out that CHWs across the nation are specialized, **La'Keira** stressed that with a baseline training and core competencies across OK, CHWs can climb the career ladder in their areas of interest.

Marshan wrapped up the discussion by thanking the panelists for sharing snippets of what is happening with the *Coalition*, CHW training, funding and sustainability, certification, and thoughts on how CHWs/CHRs can make a difference. **Marshan** encouraged *Forum* participants to stay connected to the work happening with the *OK CHW Coalition* so that the infrastructure can become solid.

KEYNOTE ADDRESS (10:00am – 11:00am)

Randa Real (CHW) announced the key note speaker, and **Emily Gnehm (CHW)** introduced **Dr. Ashley Wennerstrom (LSU Health Sciences Center, New Orleans)** and her keynote address "**Collaborative Approaches to Advancing the Community Health Worker Workforce.**" Some key points are shared below:

Louisiana Community Health Worker Outreach Network (LACHON)

- LACHON was started as part of a grant, but CHW meetings continued without funding and with a focus on CHWs "venting"/supporting each other. **What LACHON does:** Monthly meetings since 2010; Annual CHW conference since 2014; Peer support and mentorship for CHWs; Co-lead *CHW Core Competency Training* and *Louisiana CHW Workforce Coalition* in collaboration with *LA CHW Institute* at LSU. **LACHON now has non-profit status and supports one full-time CHW.**
- **CHW Leadership:** Health department had a CDC grant and wanted to certify CHWs, but Ashley redirected them to ask LACHON what CHWs wanted. The answer was "money for their organization." Later, the Secretary of Health wanted to certify CHWs, and again, Ashley redirected the effort to ask CHWs what they wanted. This resulted in a compromise, i.e. the LA Legislature passed a resolution to create a **LA CHW Workforce Study Committee** with LACHON and LSU named as co-leads. Additional members included CHWs (at least half → See *APHA Policy and NACHW*), Medicaid, FQHCs, LADH, CBPs, University-based faculty and staff, LA House of Representatives. The state-wide study asked CHWs what they wanted. The recommendation was to continue studying CHWs, and the **LA CHW Workforce Study Committee** continued as **LA CHW Workforce Coalition**. Instead of certification, the recommendation was **standardized training**. The **LA CHW Workforce Coalition now recognizes standardized training programs:**

programs can apply for recognition (80 hours, interactive, C3 based, CHW involvement in development & delivery of curriculum, various types of assessment, community membership). CHWs need to show proof how they relate to the communities they serve.

- **LA Medicaid Coverage for CHWs** includes health promotion and coaching for individuals, care planning as part of health care teams in team-based and person-centered approach, and health system navigation and resource coordination services. Thus, a limited range of CHW services is covered (not full C3-based CHW roles). The CHW qualifications written into Medicaid are: completed state-recognized training curriculum approved by the *LA CHW Workforce Coalition*. Substitution of training may be granted to those with 3,000 hours of documented work experience as CHW.

- **LA CHW Certification:** Now, after 15 years of all of that, HB 587 should be passed and signed by the LA Governor, a bill that creates an official CHW Workforce Board. The work for the coalition will thus be institutionalized. (NOTE: *For those who push legislation in Oklahoma: "Don't worry, there is plenty of time."*)

National CHW Certification Study (<https://chwcentral.org/resources/nothing-about-us-without-us-insights-from-state-level-efforts-to-implement-community-health-worker-certification/>):

- Certification is a process to document skills/qualifications of an individual to perform the roles/duties of a CHW

- **CMS DOES NOT REQUIRE CERTIFICATION FOR MEDICAID REIMBURSEMENT (need to define what/who a CHW is)**

- **Models of certification** vary in terms of who provides training (individual vs employer vs training program/instructors), and who administers the certification (state, a private entity, or a CHW organization).

- **Qualitative insights from national study:** (1) Consider whether certification is necessary/desirable, and how to go about it; (2) Know factors supporting CHW participation in certification decisions (support from state leaders, employers, for travel, and presence of organized CHW group), and barriers to participation (CHWs not actively included, no time from employers, lack of association, process is top down); (3) Effective practices in CHW workforce development (CHWs included in decision making; stakeholders educated about CHWs; learn from research/TA (<https://envisionequity.org/>); ID champions, and convene stakeholders)

Some humble notes on supporting CHWs:

- **"Nothing about us without us!"** (→ *CHWs build their own table and then invite others*); Everyone has a PhD, i.e. valid life experience and knowledge (→ *CHW allies need to create spaces for CHWs where they are respected and heard*); Don't reinvent the wheel (→ *consult studies, NACHWs, ...*); Ask CHW colleagues for feedback; Cultivate relationships and trust; Build CHW leadership capacity (→ *worker bees, yes, but CHWs also need to lead*); Let go of "getting credit;" Share funding and take only what you need

COFFEE BREAK (11:00am – 11:15am)

Susie McEachern-Lauer (Ally) thanks Ashely before announcing the Coffee Break.

CELEBRATION OF OK CHW COALITION ACCOMPLISHMENTS (11:15am – 11:45pm)

Lisa Bland-Selix (Ally) calls meeting participants back from the break and invites **Kerstin M. Reinschmidt (Ally)** to help with the **Celebration of OK CHW Coalition Accomplishments:** Focus Area A: Scope of Practice and Training; Focus Area B: CHW Integration into Health Care and Community Organization Teams; Focus Area C: Sustainable Funding Mechanisms; Focus Area D: Evaluation and Assessment; Focus Area E: Advocacy for the CHW Coalition & CHW Programs. See ppt below for more information.

LUNCH BREAK (11:45pm – 12:30pm)

Kerstin M. Reinschmidt (Ally) announced the Lunch Break.

REVIEW OF OK CHW COALITION EVALUATION RESULTS (12:30pm – 12:45pm)

La'Keira D.W-Jallow (Ally/CHW) calls attendees back from the lunch break. She introduces **Navya Jeldi (MPH Student)** who – with the support of **Marshan Marick (Ally)** – has led a recent survey evaluating the *OK CHW Coalition*

- **Study purpose:** (1) understand role and function of *OK CHW Coalition* in the development of the *OK State Plan for a Sustainable CHW Infrastructure*, and (2) assist *Coalition* leaders in overall goal of developing a statewide, sustainable CHW infrastructure in OK.

Some key findings:

- Individuals who participated in any of the meetings were asked to participate
- 59 responses, resulting in 30 complete responses that were analyzed; 12 responses from CHWs/CHRs, 10 from CHW Allies, and 8 from Others; most attended 3-4 meetings, followed by 5-7 and 8-10 meetings
- **Quantitative Results:** *Coalition* values contribution from its members
 - ...Majority disagreed that *Coalition* had clear vision and mission, followed through with activities consistently, and used effective activities to help reach its goals.
 - ...Survey participants disagreed with coalition mission, action planning, and implementation.
 - ...Agreed with leadership and shared leadership responsibilities.
 - ...*Coalition* demonstrates exceptional leadership development and support, offers abundant opportunities for member enrollment, shared responsibilities and collaboration, promotes ownership; members display engagement/commitment.

- **Qualitative Results:** The *Coalition* had an impact on survey participants' organizations, surprising attributes from participating in the *Coalition*, and recommendations for continuation.

...6 primary themes: Visibility (for CHWs in the community; how prominent CHW work is in OK); Collaboration/Networking (significant value of CHW network; collaboration with other organizations); Advocacy (advocacy tools available in OK, and providing tools for legislative support and validation; facilitating development of new training opportunities); Resources (organizations have resources and talent with strong leadership capabilities; highlighted importance of CHWs in supporting underserved populations); Professional Development (learned about how to access trainings and how to navigate resources; learned how far behind OK is in recognizing and training CHWs); Timeliness (need to aggress more aggressive timelines)

Discussion: *Coalition* demonstrated excellence in developing leadership, collaboration, and promoting ownership among members. It has significant impact on organizations by increasing visibility and offering professional development opportunities. Participants learned about value of network and importance of collaboration, and the impact they can make on underserved populations. *Coalition* has provided advocacy tools, legislative support and validation, and addressing the gap in recognition and training for CHWs. There are a few challenges and areas for improvement: There is disagreement with vision and mission clarity, action planning and implementation. Need for more demanding timelines. Overall, *Coalition* has been a driving force of change and empowering members to make a meaningful difference.

Recommendations: Develop community resource partnerships, and implement regular meetings. Seek funding opportunities to sustain CHW leadership roles and support continued growth. Establish more aggressive and shorter timelines to ensure accomplishing of goals. **Conclusion:** The *Coalition's* efforts have demonstrated the power of collaboration, leadership development, and resource mobilization in driving positive change and addressing the needs of community.

WORLD CAFÉ – PLANNING FOR THE OK CHW COALITION CONTINUATION (12:45pm – 1:45pm)

Kerstin M. Reinschmidt (Ally) thanked the evaluation team for sharing their results so that the *Coalition* can improve what needs improving, and keep what works well. She invited **Lisa Bland-Selix (Ally)** to explain the next activity, also meant to help move the *Coalition* forward. *Forum* participants engaged in the *World Café* activity for 45 minutes, discussing 3 topics. Facilitators and Recorders shared their findings from the *World Café* discussions. The notes below are based on a more in-depth analysis:

CHW Training:

What kinds of training/experiences should CHWs/CHRs have to play their roles effectively?

- Knowledge-based topics, including mental health, chronic diseases, and trauma-informed care
- On-the-job and/or organization-led trainings/experiences
- C3 CHW core competency foundational training curriculum (incl. community engagement, SDOH, motivational interviewing)
- Professional development and self-care
- Important: Delivery of trainings (e.g. role play, CHW-led trainings)
- Also: Educate organizations/their leaders on CHWs

Which organizations would be good to offer these trainings?

- OSDH, professional schools (e.g. CareerTech), employers, on-call service/hotline for for advice/help, universities

How could we maintain training program standards?

- Delivery of training (Zoom, in-person, in cohorts, CHW-led/-involved)
- Standardized baseline training (one mention of "Association")
- After basic trainings, provide relevant, supplemental trainings, without repeating same trainings on annual basis
- Having some kind of assessment tool for CHW trainings
- Have trainings count for moving up in a career ladder

Teams / Integration

How do you see CHWs/CHRs benefiting your team?

- CHWs identify social needs and link people to services
- CHWs are the link between the community and organization; they relate to the community and promote awareness
- CHWs are vital clinical team members

What roles / potential roles do you see CHWs/CHRs playing in your organizations?

- Team integration depended on the organization that CHWs were a part of. At some organizations, CHWs were integrated well into the team, and at others there was not a lot of clarity between what CHWs were doing and what others were doing.

If your organization already integrates CHWs/CHRs, what's going well, what needs improvement?

- What's going well? Relationship with the community served (trust building), and collaboration with organizations; training and specific roles/tasks (e.g. translation, advocacy); teamwork and team integration. What are barriers? CHWs need to be valued and supported (financially, by leadership, address burnout, updated resources); documentation of CHW work (inconsistency, appropriateness of documentation, time needed); need for more CHWs and CHW leadership; need for role clarity and better integration; appropriate evaluation and data collection on what CHWs are doing and their results. Overall, relationships with the community/community partners go well, but relationships of CHWs within the organization with the leaders do not.

CHW Association

With your magic wand, what kind of *CHW/CHR Association* would you bring to life in Oklahoma?

- CHW organization with CHW leadership (CHWs develop vision, mission, bylaws, and create the structure; learn from other states)
- Inclusive membership and diverse leadership (including community organizations, liaison from legislation)
- Defined logistics (monthly meetings, meeting space, refreshment, funding for professional development such as trainings and conferences, quarterly newsletter, bi-annual conference, flex funds for the *Association* that can be handed out to pay utility bills)
- Professional development (Informational meetings, education/training/professional/leadership development, attending conferences)
- Support for CHWs (Network, team building, CHW problem solving, peer-to-peer mentorship)
- Collaborations, partnerships, engagement, participation
- Resources (updated, and accessible, e.g. a visual, interactive map)

APPRECIATIONS & WRAP-UP (1:45pm – 2:00pm)

Kerstin M. Reinschmidt (Ally) thanked the volunteers and stated that this information will be shared, and that we can use it to move forward with the *Coalition*. She thanked everyone for attending the meeting and those who have joined to *Coalition* over the past 2 years. Kerstin gave **Lisa Bland-Selix (Ally)** an opportunity to remember Jesse Wannebo, a unique and passionate CHW who passed away unexpectedly. Jesse had such a heard for this CHW job. Lisa stressed that we often don't get to know the people we work with until it is too late. She invited us to make the most of the time we have, to enjoy the people in our space, and to be present. **Kerstin** closed by stating that she had two types of tokens to give away. The first was for those who helped with the Forum. The other was something to start the new tradition of valuing CHWs who have gone the extra mile through the *Extra Mile Award*. Kerstin had 4 *Extra Mile Awards* to give away to: Randa Real, Emily Gnehm, Ivette Shepard, and Henry Danziger.

NETWORKING & COFFEE (2:00pm – 2:30pm)

Kerstin M. Reinschmidt (Ally) announced that there was time for Networking & Coffee. **Randa Real (CHW)** talked a bit more about the *OK CHW Association* that is getting off the ground. She invited attendees to join the *OK CHW Collaboration* Facebook page. The current goal of the *Association* is to get as many CHW members as possible during the first year. Please complete a survey to develop a directory of CHWs. In about a year we will start a membership drive with about \$25. Anyone to volunteer to help with the membership, please let Randa know. The money from membership will likely go to an annual conference with a keynotes speaker. Any words of wisdom or expertise in secretary or treasury affairs are welcome. Let Randa, Emily, or Kerstin know.



1



2



3

AGENDA

9:00am – 9:15am	Welcome & Introductions & Ice Breaker
9:15am – 10:00am	Panel Discussion: CHW/CHR Programs in Oklahoma
10:00am – 11:00am	<u>Keynote Address</u> : Collaborative Approaches to Advancing the Community Health Worker Workforce, Dr. Ashley Wennerstrom
11:00am – 11:15am	Coffee Break ☕
11:15am – 11:45pm	Celebration of OK CHW Coalition Accomplishments
11:45pm – 12:30pm	Lunch 🍴 & Networking 🗣️
12:30pm – 12:45pm	Review of OK CHW Coalition Evaluation Results
12:45pm – 1:45pm	World Café – Planning for the OK CHW Coalition Continuation
1:45pm – 2:00pm	Appreciations & Wrap-up
2:00pm – 2:30pm	Coffee ☕ & Networking 🗣️

4

Acknowledgements

The Oklahoma Shared Clinical & Translational Resources (OSCTR) Community Engaged Research Exploratory (CERE) Award (October 2021 – June 2023) provided financial support to the Oklahoma Community Health Worker Coalition.

A heartfelt “thank you” goes out to the following organizations whose representatives have contributed their expertise and enthusiasm, and without whom the OK CHW Coalition would not exist:

5



6

Collaborative Approaches to Advancing the Community Health Worker Workforce

Ashley Wennerstrom, PhD, MPH (she/her)

Associate Professor
Behavioral and Community Health Sciences, LSI School of Public Health
Community and Population Medicine, LSI School of Medicine
Director, Louisiana Community Health Worker Institute
Director, Center for Healthcare Value and Safety, LSI Health Sciences Center

7



8

October 2021 – June 2023

Celebration of OK CHW Coalition Accomplishments



9

Project Goal: Develop a statewide, sustainable CHW Infrastructure in Oklahoma

SPECIFIC AIM 1	SPECIFIC AIM 2
<p>Establish and convene a statewide coalition, the Oklahoma CHW Coalition, of diverse stakeholders, including CHWs/CHRs, CHW/CHR program leaders, public health practitioners, clinical and community-based employers, and researchers to map assets of each partner, create synergy, and develop the common vision, mission, focus areas and desired outcomes of a statewide, sustainable CHW infrastructure. (Oct – Dec 2021)</p>	<p>Convene the coalition to develop a strategic plan, the Oklahoma State Plan for a Sustainable CHW Infrastructure, by building on prior CHW efforts in Oklahoma, using national CHW workforce standards, and working with Coalition subcommittees focused on (a) scope of practice, training, and certification, (b) CHW integration into health care and community organization teams, (c) innovative funding mechanisms, (d) research and evaluation, and (e) advocacy for the CHW Coalition and CHW programs. (Jan – June 2022)</p>

Funding: (2021) Community Engaged Research Collaboratory (C3) #2021-00001

10


Accomplishments: Oct 2021 – Dec 2022

Coalition established as <i>Community of Interest</i> with collaborative structure	OK CHW Core Group & Coalition Meetings	5 Focus Areas (FA) with Objectives, and FA Work Group meetings
Vision: CHWs as trusted advocates for equitable, healthy communities	Mission: Our coalition's mission is to build a sustainable CHW infrastructure to empower Oklahomans to receive equitable health and social services to achieve their optimal state of health and well-being	

Strategic Plan with Action Tables developed

11

Oklahoma State Plan for a Sustainable CHW Infrastructure: Strategic Plan 5.0




12

Accomplishments: Jan 2023 – June 2023

Focus Area A: Scope of Practice and Training

- Identified select available CHW trainings
 - Online trainings for CHW programs
 - CHW trainings available in Oklahoma
- Developed first *Foundational Training for CHWs* based on C3 CHW core skills
- Developed *CHW Trainings – A Brief Guide to Background Information and Select Available Trainings*




13

Accomplishments: Jan 2023 – June 2023

Focus Area B: CHW Integration into Health Care and Community Organization Teams

- Educated stakeholders on CHW scope of work
 - 2nd OK CHW Forum – Webinars for CHWs & Stakeholders <https://www.youtube.com/watch?v=U7WvB20m5t8&list=PL1603a0k2v0k8e>
 - OSDH shares CHW success stories <https://ohhs.ok.gov/news/2023/06/01/oklahoma-chw-success-stories>
- Educated stakeholders on *OK CHW Coalition*
 - The Oklahoma Community Health Worker (CHW) Coalition <https://ohhs.ok.gov/news/2023/06/01/oklahoma-chw-coalition>
- Developed *CHW Integration into Health Care and Community Organization Teams – A Brief Guide to Useful Information*



14

Accomplishments: Jan 2023 – June 2023

Focus Area C: Sustainable Funding Mechanisms

- Submitted HRSA CHW Training Grant
 - Unfortunately, it was not funded.
- Developed *Sustainable Funding Mechanisms for CHWs – A Brief Guide to Information on Diverse Funding Sources*




15

Accomplishments: Jan 2023 – June 2023

Focus Area D: Evaluation and Assessment

- Developed *Evaluation and Assessment: A Brief Guide to Useful Strategies and Tools*
- Guide includes:
 - Recommended tools and measures
 - CHW effectiveness evaluation measures and standardized tools used in Oklahoma



16

Focus Area E: Advocacy for the CHW Coalition and CHW Programs

- Developing awareness of CHW programs & *OK CHW Coalition*
 - 2022 presentation about *OK CHW Coalition* at OPHA
 - OPHA CHW Section coordinating advocacy pieces
 - 2023 Advocacy Flyer in support of SB 535 (Mercy & OSMH March 2023)
- Developing *OK CHW Association*
 - Oklahoma CHW Collaboration <https://oklahoma.gov/okhhs/4183313X00044912>
 - Oklahoma CHW Association structure and processes in development
 - Formed founding leadership team
 - Compiling CHW/CHR and organization directories
- Presented voluntary certification bill to Oklahoma legislature
 - SB 535 passed the Senate & House, was vetoed by Governor
- NASHP's CHW State Policy Development In-State Technical Assistance opportunity (2023)



Any other accomplishments to celebrate?

Inclusion in NACHW's CHW Networks and Associations by State

Regional attention from federal agency: DHHS, Office of the Assistant Secretary for Health in 88



Enjoy your lunch 😊



Review of *OK CHW Coalition* Evaluation Results

Presented by
Navya Jeldi, BDS and
Marshan Marick, DrPH, MPH



World Café

Planning for the *OK CHW Coalition* Continuation



Appreciations & Wrap-up



Networking & Coffee

Thank you 😊